

**Flu Advisory Board (FAB) Meeting
May 21, 2008
12:30 p.m. – 3:00 p.m. (EST)**

Welcome/List Attendees

Members in Attendance:

Bob Swanson (MDCH); Pat Vranesich (MDCH); Liz Harton (MDCH/CDC); Rob Miller (MDCH); Rosemary Franklin (MDCH); Courtney McFeters (MDCH); Rachel Potter (MDCH); JoEllen Wolicki (MDCH); Barbara Wolicki (MDCH); Kyle Enger (MDCH); Erin Rees (MDCH); Terri Adams (MDCH); Becky Taylor (MDCH); Carol Rombach (MDCH); Barbara Day (MDCH); Patricia White (Oakland Co. HD); Sue Schryber (Ottawa Co. HD); Mike Spencer (GlaxoSmithKline); Vanita Shaw (GlaxoSmithKline); Jennifer Rihtarchik (Sanofi Pasteur); Jon Steketee (MedImmune); Heather Richmond (MedImmune); Tracy Newhouse (MI VNA); Beverly Piskorski (Greater Oakland VNA); Donna Nussdorfer (Washtenaw Co. HD); Kathy Webster (MNA); Michael Parent (Macomb County HD); Cassandra Burke (MI Health & Hospital Association); JoAnn Hyde (KCHCS); Regina Crooks (Calhoun Co. HD); Joy Maloney (Ingham Co. HD); Joshua Meyerson (NWMCHA)

Members on the Phone:

Jim Szyskowski (Kroger); Karine Pawlicki (VNA SE MI); Holly Katsaros (Novartis)

Review of Minutes

Liz Harton

- Minutes approved

Education & Communication (EC-FAB) Subcommittee Update

Courtney McFeters

- Efforts are being discussed and planned for the 2008-09 flu season
- MDCH is looking at taking a community wide approach, to emphasize the importance of all people being vaccinated against influenza
- Remember to use the Flu Fighter Action Kit for health care personnel. This is the perfect time to start your planning efforts for the upcoming flu season. It's available at www.michigan.gov/flufighterkit
- MDCH included a handout on flu for K-12 schools and daycares in the school packet.
- MDCH is "cleaning up" the flu website and placing new materials there – please be sure to go to this website frequently – there is a lot of good information here. The website is www.michigan.gov/flu
- AIM TK hard copies are available – go to the clearinghouse www.healthymichigan.com
- AIM TK Flu Folder at www.aimtoolkit.org
- FluBytes will be sent out on a monthly basis starting in June; has been sent on a bi-weekly basis in April and May
- FluBytes satisfaction survey will be sent out in the future.
- MDCH will be putting together a survey to look at FAB member organizations' policies and practices with regard to vaccinating HCP against influenza. Please look out for this in the near future. We would like to have this sent out, with results before the next FAB meeting.

Leadership & Deployment Subcommittee Update

Bob Swanson

- No updates

Manufacturers/Shipping Updates/Other Updates as Requested

Sanofi Pasteur

- Everything is on track; doses expected to ship in the August-September time frame
- Pre-booking still going on in the private side
- Families Fighting Flu – strong national spokesperson at National Immunization Conference; good spokesperson/family here in MI
- Faces of Influenza - looking for national spokesperson; Cameron Diaz was mentioned as a candidate – her father died of influenza complications this year

MedImmune

- Heather Richmond will be the new MedImmune representative; she has over 12 years of vaccine experience
- MedImmune still has doses available to order for 08-09 season

GlaxoSmithKline

- Showed *The Voice of Influenza* video to the group
- If anyone would like *The Voice of Influenza* DVDs or *Fluology* toolkits, talk to Vanita Shaw
- GSK is still taking orders for the 08-09 season

Novartis

- Fluvirin on schedule - 46 M doses expected
- Shipping will begin at the end of August, beginning of September
- Novartis is still taking orders
- Campaign to protect the health of the many lives you touch called *You're Not Just Fluin' Yourself*

CSL Biotherapies

- Afluria 2008-2009 Season - Celebrating 40 years in Influenza Vaccines Production
- Goal is to distribute 6 million doses
- 90% in thimerosal-free prefilled syringes
- First market deliveries expected in late August, early September
- Continue patient advocacy and educational programs to underscore the importance of influenza prevention

Roche

- Ample supply of Tamiflu in stock

2007-08 Seasonal Influenza Surveillance Update

Rachel Potter

- Laboratories have identified 246 influenza isolates:
 - 190 A/H3N2: Central (58); Southwest (51); Southeast (49); North (32)
 - 4 A/H1N1: Southeast (2); North (2)
 - 2 A subtyping unable to be performed: Southeast (2)
 - 50 B: Southeast (28); North (10); Southwest (6); Central (5); Indiana (1). 49 have been typed as B/Shanghai/361/2002-like and 1 was B/Malaysia/2506/2004-like (SE).
- Influenza-Associated Pediatric Mortality (as of May 15):
 - 13 year-old from the Central region with an influenza A/H3N2 and MRSA co-infection; disease onset was in late February.
- Congregate Settings Outbreaks (as of May 15):
 - Reported in all regions of the state
 - Peaked in the first two weeks of February
 - Seven outbreaks have been culture-confirmed at MDCH
 - 6 influenza A/H3N2
 - 1 influenza B
- Quick Guide to Off-Season Influenza Reporting for LHDs is available online at www.michigan.gov/flu

2007-08 Flu Season Vaccine Uptake in MCIR

Kyle Enger

- Around 700,000 flu doses entered into MCIR for the 2007-08 flu season
- Next year with the VFC VMBIP/COD rollout, won't send back vaccine to McKesson until it is expired
- We may get a report from McKesson to see how much vaccine has been returned; they will do the expired vaccine report
- 219,090 VFC doses requested this year and CDC granted us these doses
- At the next FAB meeting, MDCH will share the number of VFC flu doses that were wasted
- Use MCIR for flu recall, especially for those children that need a 2nd dose
- Use left over flu vaccine for 2nd doses in children

2008-09 Flu Season Updates

Liz Harton

- Record number of doses – at least 143 million doses for the 2008-09 season
 - 2007-08 season - 140 million doses

Vaccine Manufacturer	# doses projected
CSL Biotherapies	6 million doses
Sanofi Pasteur Inc.	50 million doses
Novartis Vaccines	46 million
GlaxoSmithKline	35 to 38 million
MedImmune	12 million doses of FluMist

- February 27, 2008, the ACIP made [new recommendations](#) for use of influenza vaccine for the 2008-2009 influenza season.
- VFC program issued an updated [Vaccine Resolution](#) for influenza to add the expanded age recommendations (6 months through 18 years of age) for the routine use of influenza vaccine for the 2008-09 flu season.
- **Remember: 2007-08 Flu Vaccine Expires in June of 2008!**
- The [World Health Organization \(WHO\) recommended](#) that vaccines for use in the 2008-2009 influenza season (northern hemisphere winter) contain the following:
 - an A/Brisbane/59/2007 (H1N1)-like virus;
 - an A/Brisbane/10/2007 (H3N2)-like virus;*
 - a B/Florida/4/2006-like virus.#
 - Change to all three strains found in the vaccine.

CDC's Advisory Committee Recommends Influenza Vaccination for Children 6 Months through 18 Years of Age

JoEllen Wolicki

- Voted to expand the recommended ages for annual influenza vaccination of children to include all children from 6 months through 18 years of age
 - Previous recommendation for children from 6 months to 59 months of age
- Take effect as soon as feasible, but no later than the 2009-10 influenza season
- Increases the number of children recommended for vaccination by approximately 30 million
- A podcast is now available at: www.cdc.gov/podcasts
- 2 dose guidance is the same

Influenza Vaccine Effectiveness

Liz Harton

- Majority (66%) of influenza A (H1N1) viruses were found to be similar to the vaccine strain
- However, 77% of influenza A (H3N2) and 98% of B viruses sent to CDC for further testing were not optimally matched to the 2007-08 influenza vaccine strains.
- Effectiveness of the vaccine depends in part on the match between the viruses in the vaccine and influenza viruses that are circulating in the community.
- During well-matched years, clinical trials have shown VE between 70% and 90% for inactivated influenza vaccines in the prevention of serologically confirmed influenza infection among healthy adults.
- More information: <http://cdc.gov/flu/about/qa/season.htm>

Interim Within-Season Estimate of the Effectiveness of Trivalent Inactivated Influenza Vaccine - Marshfield, Wisconsin, 2007-08 Influenza Season

Liz Harton

- Overall interim estimate of vaccine effectiveness (VE) was 44%
- Estimate was higher among persons in the healthy group aged 5-49 years (54%)
- Overall estimate of VE for prevention of medically attended influenza A infections was 58%
- No VE was observed for prevention of medically attended influenza B infections
- Article: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5715a1.htm>

Influenza Activity - United States, September 30, 2007–April 5, 2008 MMWR Report

Rachel Potter

- 218,493 specimens tested for influenza and 39,407 (18.0%) were positive
 - 28,091 (71.3%) were influenza A viruses
 - 8,272 (29.4%) subtyped: 2,173 (26.3%) were influenza A (H1) viruses and 6,099 (73.7%) were influenza A (H3) viruses.
 - 11,316 (28.7%) were influenza B viruses.
- The percentage of specimens testing positive for influenza first exceeded 10% during the week ending January 12 peaked at 32.0% during the week ending February 16. For the week ending May 10, 2.8% of specimens tested for influenza were positive.
- H1N1 viruses predominated through mid-January proportion A (H3N2) viruses increased rapidly during January, and during the week ending January 26, influenza A (H3N2) became the predominant virus for the season overall
- This season, more influenza A viruses than influenza B viruses have been identified in all surveillance regions. However, after March 23 more influenza B than influenza A viruses were reported.
- Activity peaked during weeks ending 2/16 and 2/23 when 49 states reported widespread activity and one state reported regional.
- 5/10/08: 6.9% of all deaths reported through the 122 Cities Mortality Reporting System were reported as due to Pneumonia & Influenza. This percentage is above the epidemic threshold of 6.4% for week 19. Including week 19, P&I mortality has been above epidemic threshold for 18 consecutive weeks.
- CDC continues to recommend the use of oseltamivir and zanamivir for the treatment or prevention of influenza. Use of amantadine or rimantadine is not recommended.

Global Circulation of A(H3N2) Viruses, Science Journal

Rachel Potter

- Are influenza epidemics the consequence of low-level persistence of viruses from the previous epidemic OR seeding from epidemics in other regions and, if so, from where?
- Data from the WHO Global Influenza Surveillance Network
- Looked at 13,000 influenza A (H3N2) viruses
 - Human
 - Circulated from 2002-2007
 - Six continents
 - HA protein used as marker of global evolution and epidemiology
- Summary/Research Findings:
 - Influenza A(H3N2) virus epidemics worldwide seeded by viruses originating in E-SE Asia
 - Temporally overlapping epidemics in E-SE Asia create a circulation network in which viruses continually circulate in the region by passing from epidemic to epidemic
 - Strong travel and trade connections could explain geographic seeding hierarchy
 - Need for expanded surveillance in E-SE Asia to optimize vaccine strain selection and define the network.

Relenza Information Updated on FDA Website

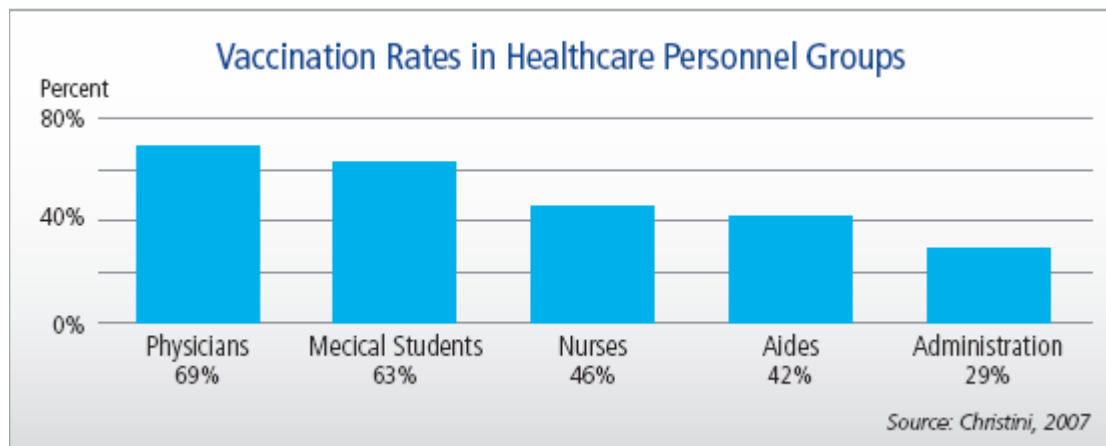
GlaxoSmithKline, Food & Drug Administration

- GSK informed HCP of changes to the *Warnings & Precautions* sections of prescribing information for Relenza regarding information from postmarketing reports (mostly from Japan) of delirium and abnormal behavior leading to injury in patients with influenza who are receiving neuraminidase inhibitors, including Relenza.
- Read the entire 2008 [MedWatch Safety Summary](#) including the GSK's [Dear Healthcare Professional Letter](#)

Immunizing Health Care Personnel (HCP) Against Influenza, Best Practice Report

Barbara Wolicki, National Foundation for Infectious Diseases

- 2000 National Health Interview Survey (NHIS)
 - U.S. HCP vaccination rate was 38%



Influenza Vaccination of Recommended Adult Populations, U.S., 1989-2005 - Vaccine Journal (2008)

Barbara Wolicki

- Vaccination coverage levels among all recommended adult populations peaked in 2004 then declined in 2005 in association with the 2004-2005 vaccine shortage. Coverage in 2004:
 - Adults ≥65 years of age 70% (68-71.5) (an increase from 30.1% (95% confidence interval [CI]: 28.8-31.3) in 1989)
 - Adults aged 50-64 years 40.7% (39.0-42.5)
 - Adults aged 18-49 years with high risk conditions: 27.2% (24.6-29.9)
 - Health care workers: 43.2% (39.9-46.6)
 - Non-high-risk adults aged 19-64 years with a high risk household member: 21.1% (19.1-23.4)
 - Pregnant women: 14.4% (8.8-22.9) for pregnant women.

AARP Surveys Seniors About Their Attitudes Toward and Knowledge of Influenza & Pneumococcal Immunization, November 2007

Barbara Wolicki

- When asked if they had a flu shot already this year, 85% had not (Note the timing of the survey—early in season)
- Of these people, 56% had receive a flu shot the previous year (2006) and with persons 65 years and older being most likely to get vaccine (70% aged 65 yr and older, 51% of aged 55-64 yr and 35% aged 50-54 yr)
- Of those who did not receive a flu shot in 2006, 38% reported they didn't need one, 13% were concerned about side effects, 12% stated they never get the flu
- 53% responded that they had never had a pneumococcal shot; of those 39% said they didn't need one and 21% stated they never get pneumonia

Human-to-Human Transmission Likely in Pakistan Outbreak

Susan Vagasky, World Health Organization

- Two additional H5N1 cases were [confirmed](#) by serological testing, thus providing final H5N1 infection test results on a previously reported [family cluster in Peshawar](#).
- Limited human-to-human transmission likely occurred among some of the family members.

National Influenza Vaccine Summit (NIVS) Update

Liz Harton

- Liz mentioned the IZTA call on June 3, 2008: Influenza Summit Update on Vaccine Supply – archive at www.izta.org
- Other recent IZTA calls include: Misperceptions, Raw Emotions, Potent Strategies and Understanding Autism Conference Call

Flu Gossip

Everyone

- Is Michigan going to mandate flu vaccine for school entry, similar to New Jersey?
- It has been discussed, but to require this would be a huge obstacle. In MI, our reporting date is October 1 – if we don't change the laws, we would have to move that date out; learn from New Jersey
- If mandates are going to happen, the more important audience is health care personnel

Adjourn

- Meeting adjourned at 3:00 p.m.

2008 FAB Meetings: August 20, November 19